

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		1				
7		1				
8	1					
9		1				
10		1				
11		2				
12		2				
13		1				
14		1				
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50						
TOTAL IND.	10	1				

	IND.	DEP.	IND.	DEP.	IND.
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TOTAL					